U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:		
	T/I/2004 Through: 12/31/2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name EDWARD L LOGAH	Name CHICAGO REGIONAL COUNCIL OF CARPENTON		
	Labor Organization File Number 001-949		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 5212 WEST 121 Steert	Street 12 EAST ERIE SPREE		
City ACSTP	City CHC460		
State //// State /// ZIP Code + 4 60803	State //L/News ZIP Code + 4 606 11		
5. Position in labor organization.			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
i monetary value from an employer whose employees your organizati			
6. Name and address of Employer (including trade name, if any).			
Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing

## EDWALD L LOGAN

File Number U-

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee syour labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State ZIP Code + 4			
	11.a. Nature of such dealing.		
10. If 9.b. or 9.c. is checked give trust or employer's name.	Tr.a. Nature of Sucreaeaning.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.	The state of the s	
State ZIP Code + 4			
·			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name		7	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street [			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

## DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

Date